

EXHIBIT A



W. R. Grace Asbestos Personal Injury Questionnaire

RE: **REDACTED**

Motley Rice LLC

P.O. Box 1792

Mount Pleasant, SC 29465

REC'D JUL 11 2006



000171057413



Healthscreen Inc.

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ASBESTOS EVALUATION SUMMARY
PROVIDED BY: Wayne F. Middendorf, M.D.
Board Certified in Pulmonary Disease
American Board of Internal Medicine

April 25, 2003

Date of Dictation: February 25, 2003
Client name:

Date Tested: January 14, 2003
ID:

REDACTED

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HISTORY: This client is a 68-year-old white male who was exposed to asbestos while working for Rayoneir in Jessup, Georgia from 1957 to 1978 as a maintenance worker; U.S. Army from 1953 to 1955 and for Maskepo Continental in Lincolnton, North Carolina in 1953 as a machine operator. He states that he had medium exposure to asbestos materials. He had ambient contact with asbestos pipe insulation, boiler insulation, furnace insulation, interior insulation, exterior siding, overhead droppings, gaskets, brake shoes, dust, elevator brakes and gloves. His job tasks included handling, unloading, sweeping, and cleaning up asbestos materials. The equipment used was his hands, hammers, hacksaws, and air hoses. He was provided a mask, which he wore. **SOCIAL HISTORY:** He smoked approximately 5 packs of cigarettes per day for 15 years, quitting in 1978. He also admits significant exposure to second hand smoke. He does not drink alcohol. **PAST MEDICAL HISTORY:** Rheumatoid arthritis, osteoporosis secondary to steroids and coronary artery disease. He is on disability since 1978 for his rheumatoid arthritis. **PAST SURGICAL HISTORY:** Right hip replacement, right knee replacement, CABG in 1993 and hernia repair. **MEDICATIONS:** His current medications include Arava, Potassium Chloride, Plaquenil, Fosamax, Prednisone, Lasix, Calcium supplement and Aspirin.

REVIEW OF SYSTEMS is significant for productive cough, dyspnea on exertion at walking stairs at 100-200 feet, and some hearing loss.

PHYSICAL EXAM per Dr. Linda K. Hudson reveals an obese, white male of a slow gait in no acute distress. HEENT is within normal limits. NECK is supple, no JVD, adenopathy or bruits. CHEST is symmetrical with poor excursion. His chest is keratotic and bodies habitus. There were no retractions seen. LUNGS have equal, but distant breath sounds bilaterally with a few crackles noted. Airflow is poor. No wheezes, rales or rhonchi are noted. HEART has regular rate and rhythm with a 1/6 systolic murmur. No rub or gallop is noted. ABDOMEN is soft, nontender, non-distended, and no hepatomegaly. EXTREMITIES show marked ulnar deviation of his hands. A rheumatoid nodule is noted on the exterior extensor surface. No cyanosis, clubbing or edema is noted. There is hair over the distal legs to the mid calf. No focal abnormalities are noted. NEUROLOGICAL exam is normal. DERMATOLOGICAL exam is normal.

CHEST X-RAY: PA and lateral date January 14, 2003 interpreted by Dr. James W. Ballard reveals a film quality of J. There are multiple small irregular opacities noted in the mid and lower lung zones bilaterally with a size and shape classified as S/T and a profusion of 1/0.